Revision: HCFA-PM-91-4

Citation

TN No.

TN No.

Supersedes₀₀

HCFA-PM-91-4 AUGUST 1991

State:

(BPD)

IDAHO

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Condition or Requirement

For optional State supplement recipients in

OMB No.: 0938-

10/1/91

Effective Date

7985E

HCFA ID:

section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--SSI methods only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u>
2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

1/21/92

Approval Date

FEBRUARY 1992

(MB)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	IDA	НО	· · · · · · · · · · · · · · · · · · ·
	ELIGIBILITY	CONDI	TIONS AND REQUIREMENTS
Citation(s)	Co	onditio	on or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	e.	child child sect:	rty level pregnant women, infants, and dren. For pregnant women and infants or dren covered under the provisions of ions 1902(a)(10)(A)(i)(IV), (VI), and (VII), 1902(a)(10)(A)(ii)(IX) of the Act
		(1)	The following methods are used in determining countable income:
		<u>X</u>	The methods of the State's approved AFDC plan.
		<u> </u>	The methods of the approved title IV-E plan.
			The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
·			The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

FEBRUARY 1992

(MB)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		IDAH	
	ELIGIBILITY	CONDI	TIONS AND REQUIREMENTS
Citation(s)	Co	nditio	on or Requirement
		(2)	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3)	The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	dete Medi 1902	ified Medicare beneficiaries. In rmining countable income for qualified care beneficiaries covered under section (a)(10)(E)(i) of the Act, the following ods are used:
			The methods of the SSI program only.
		<u>X</u>	SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
		<u>x</u> .	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
			•

Revision: HCFA-PM-93-2 (MB)

MARCH 1993

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	State:		IDAHO	74 11 22 22 22 22
Citation			Condition or Requirement	

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for

December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g.

Qualified disabled and working individuals (1)

> In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries

> In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. Supersedes TN No.

Revision: HCFA-PM-91-8 October 1991

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HCFA ID: 7985E

State	/Territory:	IDAHO	OMB NO.:	
Citation		Condition	or Requirement	
1902(u) of the Act	In determ continuat disregard The The incomplete the destruction or not incomplete the continuation of th	cion beneficia: is are applied e disregards of e agency uses of come more restricted in Supplet cobra continuation 1902(u)(4), co for any other come be taken into	le income for COBRA ries, the following : f the SSI program; methodologies for tr rictive than the SSI ictive methodologies plement 4 to Attache uation beneficiaries osts incurred from r type of remedial ca o account in determina	reatment of I program. s are ment 2.6-A. s specified medical care are shall ining
TN No. 91-22 Supersedes	Approval Date _	1-23-92	Effective Date 🗥	3-1-51

Revision: HCFA-PM-91-4

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AUGUST 1991 State:

IDAHO

Page 13 OMB No.: 0938-

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 9/-19		Madas		10/1-
Supersedes 89-3	Approval Date	1/21/92	Effective Date _	10/1/91
IN No. 373		,		

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A AUGUST 1991 Page 14 OMB No.: 0938-IDAHO State: Citation Condition or Requirement 42 CFR 435.732, 4. Handling of Excess Income - Spend-down for the 435.831 Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. Medically Needy (1)Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either ____ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan. (c) Expenses for necessary medical and remedial care included in the plan. Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No		1 /		
Supersedes	Approval Date	1/2//92	Effective Date	10 16
TN No. 89-3	opposite seco			
			HCFA ID: 7985E	

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ATTACHMENT 2.6-A

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State/Territory: ____IDAHO

Citation

Condition or Requirement

a. Medically Needy (Continued)

1903(f)(2) of the Act

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. $\frac{9(-2)}{2}$ Supersedes _ TN No. -

Approval Date /-23-52

Effective Date 10-1-91

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OMB No.: 0938-

AUGUST 1991

State: ___

IDAHO

Citation

Condition or Requirement

42 CFR 435.732

b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under \$\$435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No		. / / .		
Supersedes	Approval Date	1/2//92	Effective Date	10/1/21
TN No. $37-9$				

HCFA ID: 7985E

Revision: HCFA-PM-91-8 October 1991

(MB)

ATTACHMENT 2.6-A

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State/Territory: __ IDAHO

Condition or Requirement

Citation

4.b. Categorically Needy - Section 1902(f) States Continued

1903(f)(2) of the Act

____ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No. $\frac{2}{2}$ Supersedes _ TN No.

Approval Date /- 23-91

Effective Date /o ~/- 5#

HCFA ID: 7985E/